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ABSTRACT

Having witnessed the success of public broadcasting series such as "Sesame Street," public health officials began to work toward the creation of a new series concerning health and aimed at a prime time, adult audience. A feasibility study showed that there was a potential audience, and discussion then focused on the topics and format which would most appeal to the public. "Feeling Good," a pilot series using a variety show format, was created and broadcast, but mixed reviews and only marginally successful ratings suggested that the program be abbreviated to half an hour and that the program contain less frivolity and more informative documentary. After modifications and with increased support from the Public Broadcasting System, "Feeling Good" returned to the air to receive good reviews and positive audience response. (EMH)

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Remarks about

The Evolution of FEELING GOOD

Made to

NAEB Research Session, Washington, D.C.
by
William Kobin
Children's Television Workshop

This morning, Jim Swinehart and I are going to try and give you a kind of Anatomy of a Project: a look behind the scenes at the evolution and development of "Feeling Good", along with some of our motivation and some of the problems we encountered.

Let's start at the beginning:

CTW's decision to undertake this project grew out of the belief that the research/production model which evolved "Sesame Street" and "Electric Company" for children could be used -- with modifications -- to develop TV programming for adults.

Health was chosen as the subject area primarily because it is relevant to every American and because it presents enormous problems and questions for almost all of us.

Initially, funding was obtained for a feasibility study only, and the project was designed to develop in 3 phases: phase II and III dependent on the successful conclusion of phases I and II, and the funding of the total project uncertain -- though likely -- at the outset.

This, incidentally, proved to be a major liability, since production personnel were not on the project from the beginning and none of them had the benefit of that continuity.

It also meant that there were gaps between the phases while we engaged in fund raising activities and waited for go-ahead commitments to be made.

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PHASE I

Phase I involved a feasibility study which was undertaken during the second half of 1972 and culminated in the writing of a comprehensive proposal.

A small group of 5 of us worked together very closely in interviewing some 170 health professionals throughout the country. That group included a representative of the CTW Research Department, the person who later became Director of Content Development, an interviewer/writer, the assistant project director, and myself. We worked closely during that period with Dr. Edward Palmer, the CTW Vice President for Research.

Research and production planned the project together during Phase I and while the "Sesame Street" and "Electric Company" experiences were relevant, it was clear that there were also major differences between them and the health project. We were, for example, planning a prime-time series for adults. That audience could not be brought to the TV set, it would have to be attracted. And it was not necessarily motivated to learn about the subject matter as most child viewers of "Sesame Street" are to learn about the curriculum of that series. Furthermore, the health subject matter was much more complex than that of the children's series.

During this feasibility study we were primarily interested in determing:

-whom the series should be aimed at?

-what topics should it cover?

-what should the TV format be?

-how might the formative and summative evaluation be developed?

-how might we influence health behavior?

-how might the reach of the series be extended through outreach and promotion?

From the outset we considered the entire project an experiment and, as you will see, opted to take the maximum number of chances and do everything the hardest possible way.

First, we wanted to reach a wide diversity of target audiences. We were particularly interested in reaching poor people because health problems are expecially severe among them and access to care is frequently most difficult for them. We felt an obligation to try and attract them to the series despite the fact that the poor are not, for the most part, viewers of public television. At the same time we wanted to appeal to public television's middle class audience because it is impossible for a major series to survive on PBS without the support of that audience. So we took on the difficult challenge of trying to develop a series which would appeal to a great diversity of audiences simultaneously.

We determined that the overall aim of the series should be to try and get people to think about what they can do to improve their own level of health and that of their family; that the basic theme should be that health is closely related to lifestyle and that most individuals have greater responsibility for and control over their health and that of their family than they realize.

We also decided to put the emphasis on prevention rather than cure, on helping people stay well rather than get well. There was overwhelming concensus that this was the most valuable service we could perform even though it would be the least dramatic approach to the subject matter.

Thus, during Phase I, we developed a list of some 70 topic possibilities the series might cover. This list would have to be narrowed down in Phase II -- assuming there was a Phase II -- but quite clearly the series was going to deal with a wide range of subject matter, some of it very complex. Later, we decided to focus on many health problems which are especially prevalent among the poor even though they have little relevance for the more affluent, better educated target audience. We also selected some health problems because of their high incidence even though they are not of high interest (for example, dental care, nutrition, need for vision and hearing screenings, hypertension).

Another tough challenge was to produce a series which would influence behavior. We were particularly interested in motivating people to change their health habits in measurable ways. We wanted to go beyond mere presentation of information and this was to influence our thinking about the show's format and content since, clearly, the presentation of information, alone, does not necessarily motivate people to act.

We had no illusions about the enormous difficulty of getting someone to change his or her health behavior and we knew that mass health education efforts in the past had usually met with scant success. We also knew that ours might not measure up to everyone's expectations. But we knew we'd never find out if we didn't try. So we decided to try and make our effort different from -- and hopefully better than -- anything that had preceded it.

While the project is unique in many ways, the most visable is, of course, the format of the TV programs. From the beginning, we automatically rejected all conventional public affairs approaches. We were committed to experiementing with a new and innovative format. It would combine the widest diversity of television techniques ranging from hard, serious information to light frivolous, entertainment. Nothing in the project was more experimental than the attempt to blend songs, sketches, documentaries, straight talk, animation and other television forms into a cohesive, hour-long program.

From the outset, the key question in this regard was just what the ratio of light and serious material should be and how this mixture of formats could be made to work. We wanted to develop a new format for a number of reasons:

First, preventive health is ignored by many, if not most, people and most media health education efforts have had little impact. We wanted to attract some of those unmotivated people.

Secondly, we wanted to attract some of the viewers who mainly watch commercial television and who watch it primarily for entertainment. And, since we were going to be opposite prime-time commercial programming, we felt our series should be attractive as pure entertainment as well as be educational. We even hoped some people would watch it for sheer entertainment regardless of their interest -- or lack of it -- in health.

Furthermore, there had never been a continuing television series -- although there had been 1-shot specials based on crisis topics -- which attempted, through entertainment, to reach a mass television audience with basic preventive health information and tried to motivate viewers to adopt sound health practices. We felt that approach should be tried.

In short, we wanted to use mass entertainment TV techniques and guest stars to reach a wider audience. It had worked for "Sesame Street" but the problem is clearly much greater when one is trying to reach adults and dealing with more complex subject matter.

Finally, the project was a television experiment as well as one in health education and we wanted to break away from the conventional uses of the medium and try new approaches and combinations.

During Phase I, preliminary plans were made for the selection of topic goals and objectives for the series, the formative research which would test programming and feed the results of that testing back to producers, and the summative evaluation which would determine the effectiveness of the series.

Outreach also was a key concern. The CTW Community Education Services Division (CES) began making plans to work with a wide range of national and local organizations on state and local efforts to extend the reach of the series to more poor people and minority groups. We also hoped to get every PBS station to work with local health agencies on community health activities.

Clearly, we were thinking of much more than a television series. We were projecting the development, execution and evaluation of a major experiment in health education. And we wanted everything: nothing less than effective health education and a prime-time entertainment hit.

PHASE II

Approximately 2 months after the completion of Phase I we got the final go-ahead for Phase II.

The first thing we did was hold a series of seminars with health professionals from around the country to begin to boil down our list of topic possibilities. These meetings were planned and conducted with our research and content development people with whom we then worked to develop a long, preliminary list of educational goals for the series.

From this list we designated a number of top priority goals for experimental program segments to be produced and tested later in the year.

At the same time we were testing audience reaction to existing health films and programs; attempting to identify the health needs of various target audiences; and continuing to plan the formative and summative research, PBS station involvement, and CES projects.

In developing the test program segments, we began to grapple with the problem of program format. We assembled a small, short-term production staff and commissioned several sketches, short plays, songs, documentaries and what we called "health commercials". All were based on specific goals and objectives devised with our research and content development people and reviewed by outside advisors.

We formed a resident company of actors and actresses to function as collective host of these segments and perform in many of them. We wanted to avoid the conventional use of a host or hostess and hoped to devise an innovative way of bridging the various segments. Also, we wanted our resident company to be racially mixed, hoping that would have the greatest credibility and appeal to our target audiences.

Initially, we considered using something of a variety show magazine format for the series. We wanted to produce a multi-segmented, hour-long format using a wide range of light and serious techniques. As I've said, the extraordinarily difficult question was what the best balance of light and serious material should be to have maximum impact on the audience. And how, not simply to present information, but how to influence viewers to take such specific actions as getting a blood pressure check, having a Pap test, having their children immunized, and so on.

We also wanted to treat several topics during each program rather than deal with one topic for an entire show and never return to it. We hoped, thereby, to attract and hold viewers who might be interested in at least one of each show's topics though not necessarily all of them. In other words, to attract more than simply those interested in a single topic.

We also hoped that repetition both within a single program and over the course of the series would have a cumulative effect on the audience.

We produced some two hours of these sample segments which were then edited and tested for their appeal, credibility and potential for conveying information.

EXCERPTS FROM SAMPLE REEL

I think the 3 findings in testing the sample segments which most surprised production people were:

1. The very high appeal of the documentary segment (in addition to its success in conveying information).
2. The degree to which test viewers felt the comedy material was childish or sugar-coated or condescending (which obviously was not our intention).
3. The almost unanimous dislike of Bob and Ray who had taped 2 segments for us.

It was quite clear that we would have to increase the amount of serious material in our next round of production.

At this point in time the production unit, except for the Head Writer, was disbanded. A couple of months of report writing and heavy fund-raising efforts followed and, toward the end of the year, we held two additional seminars and identified the prospective members of our National Advisory Council and Research Advisory Committee.

During that later period Jim Swinehart decided to come on board from the University of Michigan as our Research Director and he began shuttling back and forth between Ann Arbor and New York prior to settling in permanently at the beginning of Phase III.

PHASE III

Early in 1974, Phase III began. New production personnel were brought in to further refine the show concept and develop a pilot program. The search for that staff was extremely difficult since the highly diversified nature of the formats to be used required people with a wide range of different television experiences. Ideally we needed someone who had produced "CBS Reports", "Sanford & Son", "The Flip Wilson Show" and "Playhouse 90". Unfortunately, there isn't any such person. We also needed bright, committed, content-oriented people with a feeling for and knowledge of show business. And, people who were sufficiently disciplined to work with Content Development and Research and accept the obligations of the curriculum and the basic challenge of the project. Again, a difficult combination to find.

But we slowly built the pilot staff and designed the pilot show.

We decided to stick with the basic idea of a resident company but planned to create a cast of characters with well developed and differing personalities (unlike the depersonalized, musical review-like cast of our test material) and to locate the company in a realistic place rather than the abstract television studio we had used for the test segments.

We wanted to set our characters in the kind of place where the paths of many different kinds of people might really cross and where some of them might logically have an opportunity to develop close relationships. Airports, train stations and bus stations were out because they're crowded and most people are simply passing through them. An apartment house didn't seem appropriate because we didn't think the variety of characters we wanted really would live in the same apartment house. Many other possibilities were considered and rejected for one reason or another. Finally, we decided on a small store in a shopping center which would be adjacent to a range of differing neighborhoods. Ultimately we settled on a small variety store with a food counter where people could sit and talk. We called it "Mac's Place".

We decided to make all the sketches and settings more realistic than we had in most of the test segments. We planned to use more live-action film and real people. We were moving away from a variety show format and closer to situation comedy with film and tape features and songs. (Testing, incidentally indicated that songs could be quite effective if they were not explicitly health concerned, exhortative or packed with information.)

We also planned to use at least one strong, human documentary each show.

Again, as with the test material, each segment was based on goals and information developed by Research and Content Development. All scripts were gone over in meetings involving Research, Production and Content Development. Those meetings were sometimes heated and frequently left no-one completely satisfied. It was particularly difficult to reconcile problems in the area of comedy. These might include differences over how much and which information should or shouldn't be included in a segment, the effect of the informational content on the humor in a segment, what might make a segment boomerang, the effect of ridicule and satire, the use of negative models, and so on. We had some great debates and frequently people had to make compromises.

During this period many other activities also were in high gear: plans for the summative evaluation were being completed, topic information was continually being gathered, CES was contacting national and local agencies to make them aware of the upcoming series and beginning to plan local activities, a station coordinator was hired to serve as liaison with and feed information to the stations, promotional strategies were being devised.

The pilot was completed early in July and Research began formative testing immediately.

EXCERPTS FROM PILOT SHOW

Testing of this pilot material provided some significant insights: For one thing, it gave a reading on the appeal of the characters in the "Mac's Place" segments: one of them -- the old lady -- proved to have an unexpectedly high appeal as a representative of the elderly; another annoyed a segment of the Spanish speaking target audience, which was not totally unexpected. There were also early indications that the appeal of "Mac's Place" varied with the education and income of target audiences; that satire and parody were very risky; that songs could pack tremendous emotional wallop if they were used properly; that the bridges we had carefully constructed in and out of the Mac's Place segments, to give the hour flow and continuity, frequently didn't work; that short documentaries continued to have high appeal and convey information in the overall format; and that we still had a problem finding the right ratio of light and serious material since many test viewers continued to want more serious content and more information. Overall, however, the pilot tested well; considerably better, as a matter of fact, than early shows in the series were to test later.

Meanwhile, there was again considerable staff turnover and several new producers and writers were brought in.

Pre-production planning began almost immediately with little chance for new people to absorb the background of the project or production people to study incoming results of the pilot testing.

As a result of the pilot testing -- as well as later testing of show #1, and our own instincts -- we decided to try and make Mac's Place segments somewhat more serious and to give the characters more depth and human dimension. (Subsequently, we decided to try some straight stand-up information pieces which were introduced into the series in program #2 with surprising success).

At any rate, although far from completely satisfied or complacent, we had to press on and make modifications along the way. The staff was faced with a tremendous production load and very tight deadlines. We were all racing for a November 20 premiere. And exactly one year ago tomorrow night, our premiere broadcast went on the air.

The critical reaction to the premiere was, for the most part, quite good. Of 50 reviews from around the country, 34 were highly favorable, 5 were mixed to good, and 11 were bad. One of the 11 was, of course, the prestigious N.Y. Times.

The national Neilsen AA rating for the premiere was 2.8. As most of you know, this is quite high compared to most PBS prime-time ratings but it was disappointing to some who expected, unrealistically I believe, 5's and 6's like "Sesame Street" receives. Ultimately, the Neilsen's levelled out to a national AA rating average of 1.4 for the hour-long series, placing "Feeling Good" among the higher rated PBS prime-time series of the season.

Nevertheless, we were not reaching the overall numbers of viewers we wanted to reach; nor did we appear to have the kind of support we wanted from the PTV audience. Furthermore, we, ourselves, weren't satisfied with the format and during production of the first few shows, we developed increasingly strong feelings -- most of which seemed to be borne out by formative testing -- about how to strengthen the series. So early on, we began to modify the format in several ways:

First, we began to make the "Mac's Place" segments more serious and to reduce the amount of show time devoted to them. Eventually, we decided to cut way back on this area of the show and considered experimenting in some shows with the elimination of Mac's altogether and its replacement with a host.

Secondly, we felt the show should be still more serious and contain more hard information.

We also wanted to make individual segments longer and possibly treat fewer topics each show in order to make the programs more cohesive and to lighten the production load.

As we contemplated those major modifications, it became clear that we were confronted with a choice: either make the changes while the series was on the air, or take it off altogether and take a little time to think over and implement the restructuring.

We decided on the latter course. And frankly, I think it was a bold decision. It was based on the belief not that the series was a failure, but that we could do a still better job and that the experimental nature of the project provided the justification and the freedom of public television gave us the flexibility for such a move.

It was, therefore, surprising and ironic to us that the withdrawal was interpreted by many as an admission of defeat. We certainly did not feel that way.

During that hiatus (which, incidentally, was very short -- we were off the air only two months) we decided on several basic format changes: cut the show to a 1/2 hour; substitute Dick Cavett for "Mac's Place"; devote each show to a single topic; focus on emotional topics of broad interest; and finally, make the shows more serious and informational in order to increase appeal for the PTV audience, hopefully without losing the larger potential audience of non-PTV viewers.

In making these changes, we were not departing very much from the overall content and approach of the series; but we were changing the form of our presentation.

When we came back on the air, the critics' reaction to the 1/2 hour series was overwhelmingly positive. In a minute Jim Swinehart will tell you how the hour and half hour series compare in their impact on viewers.

OUTREACH

I do want to comment briefly on the outreach aspect of this project. It was unique and extraordinarily impressive.

CTW's CES Division engaged in a tremendous 2 year effort. They contacted over 1500 health organizations throughout the country and alerted an estimated 3 1/2 million people -- mostly in poor and minority communities -- with flyers, newsletters, radio appearances, etc.

They also organized more than 75 special community projects -- such as health fairs and screening drives -- in hospitals, schools, clinics, colleges, even Indian reservations.

The PBS stations also gave us terrific support. 80% of them inserted local referral slides into the shows listing names, addresses and phone numbers of local health agencies.

The response to referrals, incidentally, was most heartening. The American Dental Association received 6000 requests for free disclosing tablets; the American Hospital Association, 2800 requests for the Patients Bill of Rights. We received some 40,000 requests for our Smoker's Quitter's Kit. In New York City alone, the American Cancer Society received over 5000 inquires during the series.

Eight key stations engaged in a whole range of special outreach projects under a grant to CTW from the National Institute of Alcohol Abuse and Alcoholism which was administered by the project. Those stations report that they have stimulated their communities to do a lot more in the area of preventive care, made contact with many local health agencies and brought them together for the first time, and greatly increased their own visability as organizations interested in outreach generally and health specifically.

Without question, outreach and promotion are critical in a project like "Feeling Good". If I'm involved in this kind of project again, I'll try to devote a considerably larger percentage of the overall budget to these areas.

I think there is a great deal to be learned from this project, both for those specifically interested in health education and, more generally, for those interested in using television for adult education.

The project sheds light on fascinating questions which I hope will be pondered by future planners, questions relating to:

-the use of entertainment in educational programming for adults

-the uses of Public Television

-problems of reaching diverse audiences simultaneously

-the importance of outreach and advertising

-the determination of realistic expectations and criteria for evaluating success or failure

-and many others

This has been an immensely complicated project and one which perhaps has not been made clear to everyone. I hope our presentation today will help somewhat to increase understanding of it.